

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
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Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

MASSAGE THERAPY AND BODYWORK THERAPY CREDENTIALING BOARD

REQUEST FOR TEMPORARY LICENSE FOR MASSAGE THERAPIST OR BODYWORK THERAPIST

TO BE COMPLETED BY APPLICANT: (This does not apply to reciprocal applicants)

A completed permanent application (**Form #2960**), with the proof of graduation from a Board-approved school and the additional \$10.00 temporary license fee, must be received in the Board office prior to granting a temporary license. A temporary license is valid for 6 months. **Temporary licenses are non-renewable and non-refundable.**

Name of Applicant

Date of Birth

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Applicants who have not taken a national exams, but plan to in the next 6 months, or have taken and are awaiting results, are required to practice under the supervision of a licensed Massage Therapist or Bodywork Therapist at the level of general, direct or direct one-on-one supervision as necessary to avoid unacceptable risk of harm to the client.

The supervising Massage Therapist or Bodywork Therapist is responsible for determining the level of supervision necessary to avoid unacceptable risk of harm to the client, and is responsible for the acts of the temporary licensee. The supervisor may be subject to discipline for failure to appropriately supervise the temporary licensee and/or for failure to insure that the temporary licensee adheres to the Board's rules and the standards of minimal competence.

The supervisor responsible for the temporary licensee shall insure that clients know that the temporary licensee is not fully licensed and that the supervisor is ultimately responsible for the care provided. It is recommended that this information be documented in the client record.

☐ **I plan to take the national exam and wish to begin practicing prior to taking the examination.**

TO BE COMPLETED BY SUPERVISOR: You may fax/email with facility cover sheet/letter to: (608) 261-7083 or dspscredmedbaffiliates@wisconsin.gov.

Statement of Supervising Massage Therapist or Bodywork Therapist:

The above-named applicant will be employed to work as a Massage Therapist or Bodywork Therapist at the address listed below. General, direct, or direct one-on-one supervision by a Massage Therapist or Bodywork Therapist will be provided. The duration of this temporary license is for a period of 6 months. **Temporary licenses are non-renewable and non-refundable.**

Signature and Title of Supervisor

Facility Name (if applicable)

Printed Name

Street Address

Wisconsin License Number

City, State, Zip

Date

 / /

Phone

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FEES: Make check payable to DSPS and attach to this Form.

For Receiving Use Only (146)

Permit Fee: \$10.00